

Tools of the Trade:

"REPORTED" PREGNANCY STATISTICS

In order to compile "reported" pregnancy data, staff of the Bureau of Health Statistics must access three separate data files created from the following source documents - the Certificates of Live Birth and Fetal Death and the Report of Induced Termination of Pregnancy forms. These files provide the three components that are summed to total pregnancies - live births, non-induced fetal deaths, and induced abortions. However, the resultant pregnancy figures are considered estimates, mainly due to the limitations of two of these components - the fetal deaths and induced abortion files.

The Bureau edits and queries all reported data and in addition maintains a field program to actively work with providers to improve the accuracy and completeness of reporting on these documents. However, there are several qualifications about these pregnancy statistics of which every user should be aware. The following is a review of each of the three source files in terms of its data quality for use as a measurement of pregnancy among the female population of the state.

LIVE BIRTHS

The reporting of live births in the state is considered to be nearly complete (99% or greater) and of rather high quality. Also, the availability of data on live births to Pennsylvania residents which occurred in another state is made possible by an agreement among all registration areas in the United States for resident exchange of copies of certificates.

FETAL DEATHS

Under Pennsylvania law (the Vital Statistics Act of 1953), only fetal deaths of more than sixteen weeks gestation are required to be reported via the Certificate of Fetal Death. As with live births, there is interstate agreement for exchange of resident data. However, each state's fetal death reporting requirements vary, with some reporting all fetal deaths regardless of gestational age and others reporting only those fetal deaths of at least 20 or 28 weeks gestation.

In order to avoid duplicate counting, only non-induced (spontaneous) fetal deaths are included in the "reported" pregnancy statistics released by the Bureau. All induced fetal deaths are reported as induced terminations of pregnancy on the Report of Induced Termination of Pregnancy forms discussed on the next page. Therefore, non-induced (spontaneous) fetal deaths of sixteen weeks or less gestation are not reported and not included in the "reported" pregnancy figures.

According to a study¹ of the estimated number of total pregnancies for the United States, prepared by the National Center for Health Statistics, the percentage distribution of live births, fetal deaths, and induced abortions is as indicated in the chart at the top of the next page. The percentage distribution of the Pennsylvania "reported" pregnancies is also shown.

	U.S. Estimated Total Pregnancies 1988	Pennsylvania Reported Pregnancies 1996
Live Births	61.7%	79.7%
Fetal Deaths	13.2%	0.8%
Induced Abortions	25.1%	19.5%

It is apparent that there is a very large number of fetal deaths (probably in excess of 90 percent) not reported or included in Pennsylvania's pregnancy statistics, mainly due to the exclusion of those under sixteen weeks gestation. Also, there may be serious underreporting at about sixteen weeks gestation and a smaller undercount at later gestational ages.

INDUCED ABORTIONS

The quality of induced abortion data is directly related to the completeness and accuracy of the information contained on the Report of Induced Termination of Pregnancy forms. The Bureau of Health Statistics edits and queries reported data to ensure that the information received is as complete and accurate as possible.

It is important to note that Pennsylvania has no agreement with any other states for the exchange of induced abortion information and many states do not collect similar data. Therefore, induced abortions to Pennsylvania residents which occurred in another state are not included in Pennsylvania data.

For the various reasons explained above, pregnancy statistics released by the Bureau of Health Statistics are labeled as 'reported' and usually footnoted with a short description of the various data limitations.

Demand for pregnancy statistics is high and its usefulness in public health planning, evaluation, and adoption of policies cannot be denied. The Bureau of Health Statistics realizes this and, therefore, has been releasing "reported" pregnancy statistics for several years. However, users must be made aware of the limitations of the data and, more importantly, should include these qualifications in any release of "reported" pregnancy statistics for Pennsylvania.

¹ National Center for Health Statistics, *Trends in Pregnancy Rates, 1980-88*. Ventura, Taffel, Mosher, and Henshaw. Monthly Vital Statistics Report; Vol. 41, No. 6 Supplement. Hyattsville, Maryland: November 16, 1992.